

---STATE USE ONLY---

Date Received

Project Number

## COMPETITIVE GRANT APPLICATION FOR 2008-2009 21<sup>st</sup> CENTURY COMMUNITY LEARNING CENTERS GRANTS

<b>APPLICANT ORGANIZATION</b>	Legal Name of Applicant	Federal ID Number	Telephone (Area Code) (   )
	Address	City	Zip Code

<b>CONTACT PERSON</b>	Name of Contact Person	Telephone (Area Code) (   )	Fax Number (Area Code) (   )
	Address	City	Zip Code
	E-Mail Address	County	

<b>CO-APPLICANT</b>	Legal Name of Agency/District	Telephone (Area Code/Local Number) (   )
	Name of Contact Person	E-Mail

SCHOOL(S) TO BE SERVED	GRADES TO BE SERVED	DISTRICT CODE	BUILDING CODE	M.D.E. USE ONLY

**ASSURANCES AND CERTIFICATION:** By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 1a and 1b, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

SIGNATURE OF  
 SUPERINTENDENT OR  
 AUTHORIZED OFFICIAL \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME/TITLE: \_\_\_\_\_

**MAILING INSTRUCTIONS:** The ORIGINAL and FOUR (4) copies of this application must be RECEIVED by mail at the STATE address indicated above by **MARCH 24, 2008** no later than 5:00 p.m.

**ASSURANCES AND CERTIFICATIONS****--FEDERAL PROGRAMS--**

**INSTRUCTIONS: Please attach ALL assurances to the application.**

**CERTIFICATION REGARDING LOBBYING FOR GRANTS AND COOPERATIVE AGREEMENTS**

No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL “Disclosure Form to Report Lobbying,” in accordance with its instructions. The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS**

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**ASSURANCE WITH SECTION 511 OF THE U.S. DEPARTMENT OF EDUCATION APPROPRIATION ACT OF 1990**

When issuing statements, press releases, requests for proposals, solicitations, and other documents describing this project, the recipient shall state clearly: 1) the dollar amount of federal funds for the project, 2) the percentage of the total cost of the project that will be financed with federal funds, and 3) the percentage and dollar amount of the total cost of the project that will be financed by nongovernmental sources.

**ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT**

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: “These materials were developed under a grant awarded by the Michigan Department of Education.”

**CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS**

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

**PARTICIPATION OF NONPUBLIC SCHOOLS**

The applicant assures that private non-profit schools have been invited to participate in the grant program and participating schools have been consulted in assessing needs, planning, and implementing the activities of this application. The applicant shall maintain continuing administrative control and direction over funds and property that benefits students enrolled in private schools.

**ASSURANCE WITH SECTION 9524 OF THE ELEMENTARY AND SECONDARY EDUCATION ACT**

The LEA applicant assures that the Section 9524 certification has been provided to the Michigan Department of Education as required.

**ASSURANCE REGARDING ACCESS TO RECORDS AND FINANCIAL STATEMENTS**

The applicant hereby assures that it will provide the pass-through entity, i.e., the Michigan Department of Education, and auditors with access to the records and financial statements as necessary for the pass-through entity to comply with Section 400 (d) (4) of the U.S. Department of Education Compliance Supplement for A-133.

**ASSURANCES AND CERTIFICATIONS (Continued)****--FEDERAL PROGRAMS--****AUDIT REQUIREMENTS**

All grant recipients who spend \$500,000 or more in federal funds from one or more sources are required to have an audit performed in compliance with the Single Audit Act (*effective July 1, 2003*).

**CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES (for Title II applicants only)**

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

**CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMODATIONS AND COMMERCIAL FACILITIES (for Title III applicants only)**

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title II of the ADA for the program or service for which they receive a grant.

**SPECIFIC PROGRAM ASSURANCES**

Grantee agrees to comply with all applicable requirements of all State statutes, Federal laws, executive orders, regulations, policies and award conditions governing this program. Grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the Michigan Department of Education may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or the matter has been adjudicated and the amount disallowed has been recaptured (forfeited). The Department may withhold up to 100 percent of any payment based on a monitoring finding, audit finding or pending final report.

Funds made available under this section will be used to supplement, and to the extent practicable, increase the level of other federal, state, and local funds expended for the Federal 21st Century program. In no case shall Federal 21st Century funds be used to replace or supplant current federal, state, or local funding for existing programs.

**The following provisions are understood by the recipients of the grants should it be awarded:**

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Office of Early Childhood Education and Family Services Administrator of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Payments made under the provision of this grant are subject to audit by the grantor.
5. The grant hereby assures that it will provide access to student records, permission to survey teachers, students and parents for participants in this grant award program.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL

DATE

**CERTIFICATION FOR PARTICIPATION IN CO-APPLICANT AGREEMENT**(For Co-Applicant Activities *ONLY*)**INSTRUCTIONS:**

Cooperative projects may be submitted by two or more eligible local education agencies (LEAs) or community-based or faith-based agencies. Each participating LEA or agency should take the following action:

-----Provide the name of each Superintendent or Public School Academy (PSA) Director or authorized official and signatures on the co-applicant agreement form.

-----Either accept administrative responsibility for the project or designate another LEA or agency as the administrative and fiscal agent.

Each of the undersigned certifies that, to the best of his or her knowledge, the information contained in this application is correct and complete; that the agency which he or she represents has authorized him or her to file this application; and that such authorization action is to be recorded in the minutes of the agency's meeting. The administrative and fiscal agency named below has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds to conduct this project.

**CERTIFICATION OF LEA OR AGENCY DESIGNATED ADMINISTRATIVE AND FISCAL AGENT FOR THIS PROJECT**

Name of LEA or Agency		Name of Superintendent or Authorized Official	
Mailing Address (Street)		Signature	
City	Zip Code	Date Signed	Telephone Number (Area Code/Local Number) ( )
Name and Title of Contact Person		Mailing Address of Contact Person	
E-mail Address of Contact Person			

**CERTIFICATION OF PARTICIPATING LEA OR AGENCY**

Name of LEA or Agency		Name of Superintendent or Authorized Official	
Mailing Address (Street)		Signature	
City	Zip Code	Date Signed	Telephone Number (Area Code/Local Number) ( )
Name and Title of Contact Person		Mailing Address of Contact Person	
E-mail Address of Contact Person			

**CERTIFICATION OF PARTICIPATING LEA OR AGENCY**

Name of LEA or Agency		Name of Superintendent or Authorized Official	
Mailing Address (Street)		Signature	
City	Zip Code	Date Signed	Telephone Number (Area Code/Local Number) ( )
Name and Title of Contact Person		Mailing Address of Contact Person	
E-mail Address of Contact Person			

**PART B 1. ACKNOWLEDGMENT OF NEED FOR PROJECT**

NAME OF APPLICANT: \_\_\_\_\_

SCHOOL(S) OR AREA TO BE SERVED: \_\_\_\_\_

It is my understanding that the above named applicant plans to submit a 21<sup>st</sup> Century Community Learning Centers application available through the Michigan Department of Education to provide comprehensive out-of-school time services. There is a need for such a program in this area, and a representative of my agency/organization/program will work with this program to ensure coordination and collaboration of services to these students and their families.

**NOTE:** Completion of this form does NOT in itself constitute an endorsement of the applicant's plan.

\_\_\_\_\_  
SIGNATURE OF AGENCY/ORGANIZATION/PROGRAM OFFICIAL\_\_\_\_\_  
DATE\_\_\_\_\_  
NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE\_\_\_\_\_  
NAME OF AGENCY\_\_\_\_\_  
ADDRESS\_\_\_\_\_  
CITY\_\_\_\_\_  
STATE\_\_\_\_\_  
ZIP CODE( ) \_\_\_\_\_  
TELEPHONE NUMBER (Including Area Code)

**Use this form to show community collaboration and need. This form may indicate MPCB acknowledgement of the need for a program in the area below. (Duplicate this page for each agency or organization contacted.)**

**PART B 2. ACKNOWLEDGMENT OF EFFORT TO COLLABORATE**

NAME OF APPLICANT: \_\_\_\_\_

It is my understanding that the above named applicant plans to submit a 21<sup>st</sup> Century Community Learning Centers application available through the Michigan Department of Education to provide comprehensive out-of-school time services to students who attend my school. There is a need for such a program in this area, and a representative of my agency/organization/program will work with this program to ensure coordination and collaboration of services to these students and their families. Student records data, including MEAP scores, student grades, school attendance, and disciplinary actions will be released for participating students to the state evaluator, who will ensure the proper protections with the oversight of the Michigan State University Institutional Review Board. Permission is granted to survey the students and parents participating in this program, school staff who provide services through the program, and teachers of students participating in the program. No individual information will be released by the state evaluators; all data will be reported for groups only.

\_\_\_\_\_  
SIGNATURE OF SCHOOL PRINCIPAL OR DIRECTOR\_\_\_\_\_  
DATE\_\_\_\_\_  
NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE\_\_\_\_\_  
NAME OF SCHOOL\_\_\_\_\_  
ADDRESS\_\_\_\_\_  
CITY\_\_\_\_\_  
STATE\_\_\_\_\_  
ZIP CODE( ) \_\_\_\_\_  
TELEPHONE NUMBER (Including Area Code)

**Principal/Director: Only sign one collaboration form for your school. Multiple forms will disqualify your school from funding. (Duplicate this page for each school to be served.)**

**PART B 3. ACKNOWLEDGMENT OF INTENT TO PROVIDE SERVICES**

NAME OF APPLICANT: \_\_\_\_\_

It is my understanding that the above named applicant plans to submit a 21<sup>st</sup> Century Community Learning Centers application available through the Michigan Department of Education to provide comprehensive out-of-school time services. There is a need for such a program in this area, and a representative of my agency/organization/program will work with this program to ensure coordination and collaboration of services to these students and their families. This agency/organization agrees to provide the services described in the project plan.

\_\_\_\_\_  
SIGNATURE OF AGENCY/ORGANIZATION/PROGRAM OFFICIAL\_\_\_\_\_  
DATE\_\_\_\_\_  
NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE\_\_\_\_\_  
NAME OF AGENCY\_\_\_\_\_  
ADDRESS\_\_\_\_\_  
CITY\_\_\_\_\_  
STATE\_\_\_\_\_  
ZIP CODE( ) \_\_\_\_\_  
TELEPHONE NUMBER (Including Area Code)

*(Duplicate this page for each agency that will provide services according to the project plan.)*

*List specific services to be provided:*

**PART C. PROJECT ABSTRACT**

NAME OF APPLICANT: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

**INSTRUCTIONS:** Organize the Project Abstract using the following categories. This information must be included on one (1) page only. Do not refer to additional pages. (Refer to **Review Criteria**, for specific elements to be used for developing the Narrative Proposal on separate sheets as needed. Budget is also on a separate page and is to be completed and included as part of the Proposal.)

STATEMENT OF NEEDS: (Include target population(s).)

DESCRIPTION OF THE PROJECT: (Also serves as summary.)

PROJECT OUTCOMES/EVALUATION PLAN: (Summarize anticipated outcomes.)

QUALIFICATIONS OF KEY PERSONNEL: (Complete Part F and include brief information on this page.)



**PART D. PROJECT PLAN**

**DESCRIPTION OF PLAN:** The first three project goals detail the federal student outcome targets, objectives, timelines, anticipated outcomes and measurement strategies used in the statewide evaluation strategies. Describe the specific activities/tasks/staff that will be used to meet each of these objectives. (*Use additional sheets as needed.*)

**STUDENT OUTCOMES**

PROJECT GOALS	OBJECTIVES	ACTIVITIES/TASKS/STAFF	TIMELINES	ANTICIPATED OUTCOMES	MEASUREMENT STRATEGIES
Increase academic achievement	<ul style="list-style-type: none"> <li>• 45 percent of regularly participating students will improve by a ½ grade in reading/language arts</li> <li>• 45 percent of regularly participating students will improve by a ½ grade in math</li> <li>• MEAP reading scores will improve for regularly participating students</li> <li>• MEAP math scores will improve for regularly participating students</li> <li>• 75 percent of regularly participating students will improve in teacher-rated classroom behavior</li> <li>• 75 percent of regularly participating students will improve in teacher-rated homework completion and class participation</li> </ul>		Yearly: Data provided at end of school year	<ul style="list-style-type: none"> <li>• 45 percent of regularly participating students improved by ½ grade in reading/language arts</li> <li>• 45 percent of regularly participating students improved by ½ grade in math</li> <li>• MEAP reading scores improved for regularly participating students</li> <li>• MEAP math scores improved for regularly participating students</li> <li>• 75 percent of regularly participating students improved in teacher-rated classroom behavior</li> <li>• 75 percent of regularly participating students improved in teacher-rated homework completion and class participation</li> </ul>	<ul style="list-style-type: none"> <li>• Reading and math grades reported for all participating students for all marking periods (provided to state evaluators)</li> <li>• MEAP reading and math scores reported for all participating students (provided to state evaluators)</li> <li>• Teacher surveys completed by teachers of regularly attending students (coordinated by state evaluators)</li> </ul>

PROJECT GOALS	OBJECTIVES	ACTIVITIES/TASKS/STAFF	TIMELINES	ANTICIPATED OUTCOMES	MEASUREMENT STRATEGIES
Increase student academic learning	<ul style="list-style-type: none"> <li>• 75 percent of regularly participating students with room for improvement report that the program helped them in reading, math, or other school subjects</li> </ul>		Yearly: Data provided at end of school year	<ul style="list-style-type: none"> <li>• 75 percent of regularly participating students with room for improvement reported that the program helped them in reading, math, or other school subjects</li> </ul>	<ul style="list-style-type: none"> <li>• Student surveys (coordinated by state evaluators)</li> </ul>
Increase student learning in non-academic areas	<ul style="list-style-type: none"> <li>• 75 percent of regularly participating students with room for improvement report that the program helped them in non-academic areas (e.g., leadership, peer relations, community service, sports skills, computer skills, drug/alcohol resistance, etc.)</li> </ul>		Yearly: Data provided at end of school year	<ul style="list-style-type: none"> <li>• 75 percent of regularly participating students with room for improvement reported that the program helped them in non-academic areas (e.g., leadership, peer relations, community service, sports skills, computer skills, drug/alcohol resistance, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Student surveys (coordinated by state evaluators)</li> </ul>

## **PART D. PROJECT PLAN**

**DESCRIPTION OF PLAN:** Clearly define any additional project goals and describe the plan for achieving these goals. State the goals, critical objectives, activities and tasks planned to meet the goals, the staff assigned to the activities, provide a timeline for completion, and anticipated outcomes of the objective. Also include information on how the outcomes will be measured. *(Use additional sheets as needed.)*

### **PROGRAM PROCESS AND OUTPUTS**

PROJECT GOALS	OBJECTIVES	ACTIVITIES/TASKS/STAFF	TIMELINES	ANTICIPATED OUTCOMES	MEASUREMENT STRATEGIES

**PART E. FACILITY DESCRIPTION**

**VERIFICATION OF LICENSE APPLICATION/ISSUANCE:** List each facility that will be used. Indicate the site address, license number, and issuance effective and expiration dates. If a site is in a licensing application stage, please attach copies of that site's license application and most recent letter of correspondence referring to the site's application status.

SITE NAME AND COMPLETE ADDRESS	LICENSE APPROVAL NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSED CAPACITY	APPROVED AGE RANGE ON LICENSE
1.					
2.					
3.					
4.					
5.					

**Attach documentation:**

***Licensed site: attach a copy of the license.***

***Site applying for license: attach copy of the most recent letter of correspondence referring to the site's application status from the Department of Human Services, Office of Children and Adult Licensing.***

**PART F. PROGRAM PERSONNEL**

Identify administrative and student and family services personnel who will be working in the 21<sup>st</sup> Century Community Learning Centers program. (Use additional sheets as needed.)

<b><u>POSITION/TITLE</u></b>	<b>NAME</b>	<b>TIME: # OF HRS/DAY</b>	<b>TIME: # OF DAYS/WEEK</b>	<b>TIME: # OF WEEKS/YR.</b>	<b>DEGREE(S)/CERTIFICATION AND SUMMARY OF EXPERIENCE</b>
PROJECT DIRECTOR/ ADMINISTRATOR					
SITE COORDINATORS					
PROGRAM STAFF					
OTHER (specify)					

**PART G. COMMITMENT, CAPACITY AND SUSTAINABILITY PLAN**

**INSTRUCTIONS:** This form demonstrates that the applicant is committed to and capable of the successful implementation. In the space provided describe the strategies that will be developed over the funding period to ensure the continuation and expansion of this project beyond the funding cycle.

Describe how the applicant and partners will ensure implementation of the proposed project.

Describe how the proposed project will use the local evaluation data to build support to sustain the project beyond the funding cycle.

SAMPLE

**PART G. COMMITMENT, CAPACITY AND SUSTAINABILITY PLAN**

Describe the specific funding sources that will be sought to supplement and sustain the project beyond the federal funding.

Describe how community support will be increased beyond the initial project to expand and sustain programming.

SAMPLE

**PART H. BUDGET****INSTRUCTIONS:** The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office, using the School District Accounting Manual (Bulletin 1022).**1. BUDGET SUMMARY**● **CFDA NUMBER: 84.287**

LEGAL NAME OF APPLICANT								
DISTRICT/RECIPIENT CODE		GRANT NUMBER	PROJECT NUMBER		PROJECT TYPE <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Carry-over		ENDING DATE (mm/dd/yy) <b>06/30/2009</b>	FY of Approved Activity <b>2008</b>
FUNCTION CODE	FUNCTION TITLE	SALARIES (1000)	BENEFITS (2000)	PURCHASED SERVICES (3000, 4000)	SUPPLIES & MATERIALS (5000)	CAPITAL OUTLAY (6000)	OTHER EXPENDITURES (7000, 8000)	<u>TOTAL</u>
110	Instruction --- Basic Needs							
120	Instruction --- Added Needs							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
	SUBTOTALS (Sum of ALL lines above)							
400	Outgoing Transfers & Other Transactions							
999	INDIRECT CHARGES							
	TOTAL EXPENDITURES							A)

**2. BUDGET DETAIL--**

Explain each line item, including cash and in-kind match that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.

**TOTAL AMOUNT REQUESTED****TRANSACTION PURPOSE:**
☒ Original  
☐ Amendment
**AMOUNT OF CHANGE**  
(Use minus sign preceding decreases)

\$ \_\_\_\_\_

**FUNDING:** Department of Education Share of Expenditures

Local Share of Expenditures (Block A Minus Block B)

B)

C)

\_\_\_\_\_  
DATE\_\_\_\_\_  
BUSINESS OFFICE REPRESENTATIVE (Type or Print)\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE\_\_\_\_\_  
PROJECT CONTACT PERSON (Type or Print)\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE**LORRAINE THORESON OR JOHN TAYLOR**\_\_\_\_\_  
M.D.E. CONTACT PERSON (Type or Print)\_\_\_\_\_  
SIGNATURE